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FEC FORM 2

STATEMENT OF CANDIDACY

										=
, ,	ne of Candidate (in full)									
	theimer, Josh, , ,		1 1 27 11			100 111				
	ress (number and street) Box 584	☐ Check if address changed				Candidate's FEC Identification Number H6NJ05171				
(c) City,	State, and ZIP Code					3. Is This	s Ne	eW.	Amended	Γ
Ric	lgewood		NJ	0745	1	Staten	nent (N) OR	x (A)	
4. Party A	ffiliation	5. Office Soug	ht		6. State & Dist	rict of Candi	date			_
DEMC	CRATIC PARTY	House			NJ	05				
	D	ESIGNATIO	N OF PR	INCIPAL	CAMPAIGI	и сомм	ITTEE			
7. I hereby	designate the following na	med political co	mmittee as m	y Principal (Campaign Comr	mittee for the	2024 (year of elect	electi tion)	on(s).	
	This designation should be	filed with the ap	propriate offi	ce listed in th	ne instructions.					
` ,	ne of Committee (in full)									
Jo	sh Gottheimer fo	r Congres	S							
	ress (number and street) 9 Box 584									_
(c) City,	State, and ZIP Code									
R	idgewood				DC	20003	3			
8. I hereby	authorize the following na	,	Including Joir	t Fundraisin	g Representativ	res)		oend funds	on behalf of my	
NOTE:	This designation should be	filed with the pri	ncipal campa	ign committe	ee.					
(a) Nan	ne of Committee (in full)									_
D	emocracy Defend	lers								
	ress (number and street) Pennsylvania Ave SE									_
	5180									
	State, and ZIP Code									—
					DC	20002				
VV	ashington				DC	20003	1			
	I certify that I have ex	amined this Stat	tement and to	the best of	my knowledge a	and belief it is	s true, correct	and compl	ete.	_
Signature	of Candidate					Date				-
Gottheime				[Elect	ronically Filed]	11/18/20	22			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
										_
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	Communities United Fund						
	(b) Address (number and street) PO Box 15320						
	(c) City, State, and ZIP Code						
	Washington DC 20003						
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						